

NEW *Directions*

September 13, 2007

Stewardship in Action

NEW Directions launches

Stewardship **Competencies** **Series**

The transition is creating opportunities for staff to learn new skills that will be needed as the ministry moves toward its new role as steward of the health system.

MOHLTC has identified a core group of skills, knowledge and behaviours — collectively known as stewardship competencies — which will help employees be successful in their positions as the ministry moves to its new business model. Job descriptions specify duties and responsibilities; competencies describe how knowledge and skills can be applied to achieve results in a job.

Holly Goren Laskin, an organizational development consultant leading staff learning and development, said that for the ministry to be successful stewards of Ontario's health care system, stewardship competencies must be practiced across the organization.

"We identified the skills and competencies that will help ministry employees play a stewardship role. It's a win-win situation because these stewardship competencies also give many employees an opportunity to further develop their talents," said Goren Laskin.

Competencies vital to ministry's transformation

There are 15 stewardship competencies and each represents a key area of expertise. They are in two

categories. The first, stewardship competencies, comprises: change management, communications, continuous learning, innovation and creativity, integrity, leadership, political acuity, relationship management, results orientation, strategic thinking and systems thinking.

The second category is known as stewardship technical competencies and they are: human resource management, financial management, project management, and communications planning and management.

Starting in the next issue, *NEW Directions* will begin to publish a series of articles that will help staff become familiar with each of the 15 stewardship competencies. Each issue will feature a competency which will be defined and illustrated by ways in which the competency is demonstrated through on-the-job actions.

Aligning with OPS competencies

These competencies are not new requirements to members of the Ontario Public Service. With the exception of systems thinking, all of them are taken from the list of Ontario Public Service competencies, defined in the Ontario Public Service Competency Refresh Dictionary. The dictionary, which lists 30 behavioural competencies and 3 technical competencies that can be applied

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throughout the OPS, is designed to help managers and employees use competency definitions on the job. Click [here](#) to link to the dictionary.

"What we've done is taken that larger list and honed in on those competencies which are key as the ministry assumes its stewardship role," said Goren Laskin.

The stewardship competencies have a role in developing job descriptions and in recruitment efforts as the ministry transforms. They will shape learning programs and opportunities and will also be integrated into

performance management.

"The stewardship competencies are a guide for employees to start thinking about what skills are going to be important to jobs and future opportunities within the ministry. They help each of us consider where our personal gaps might be and provide a focus for working to upgrade current skills or acquire new skills." Goren Laskin said.

For a detailed explanation of the stewardship competencies, refer to the MOHLTC Stewardship Competencies Guide. To find information on ministry

programs available to support the development of these competencies, click on the link to view and register for currently scheduled courses that relate to competencies. More information on learning opportunities can also be found at the Learning and Development section on INFOweb, under Tools and Resources. ■

DM Tour — Fall Schedule

Click Here to Register Today!

Dates for Deputy Minister Ron Sapsford's fall speaking tour have been set! Take the opportunity to meet the Deputy Minister — register today.

Don't miss the chance to talk with him about the transition changes new stewardship educational opportunities the ministry's new way of working together.

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- Ask your manager
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- Call the feedback line at 1-888-963-0628 or TTY 1-888-387-5559

LHIN Liaison Branch makes big strides delivering stewardship

Stewardship emphasizes working together in partnerships and as the Ministry of Health and Long-Term Care assumes its stewardship role, it has been greatly aided by 14 new partners. These partners are Ontario's Local Health Integration Networks, or LHINs, established as crown agencies of the Ontario government in 2005.

"The LHINs are a critical component of the move to stewardship," said Carrie Hayward, director, LHIN Liaison Branch (LLB). "The LHINs are responsible for managing local health systems while as steward of Ontario's health care system, the ministry sets overall strategic directions and provincial priorities."

With LHINs responsible for planning, funding and integrating local health care services within their geographic area, MOHLTC is now able to focus on establishing overall strategic direction; system funding; developing legislation, regulations, standards and policies; reporting on health system performance, and taking responsibility to ensure expectations within the ministry and health system are fulfilled. Or taking action when expectations within the health system are not fulfilled.

Hayward was speaking to ministry employees in Toronto in late July about the role of LHINs and the ministry's LHIN Liaison Branch. Her talk was part of the new Stewardship in Action — FYI Series, information sessions being held to help ministry employees learn more about stewardship initiatives from subject matter experts

Created in January 2007, the LHIN Liaison Branch has two key mandates. It is the primary point of contact between LHINs and the ministry and for the health care programs and services for which the ministry retains responsibility,

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including Cancer Care Ontario, the AIDS Bureau and Trillium Gift of Life Network (Ontario's organ and tissue donation agency). Secondly, the branch ensures that the requirements of the Local Health System Integration Act are met by both LHINs and the ministry through the development, negotiation and management of accountability and performance agreements.

Partnership between LHINs and the ministry creates an opportunity to improve health care delivery

The partnership relationship that's evolving between LHINs and MOHLTC has already created an opportunity for one LHIN to improve wait times for certain types of surgery.

The Central LHIN, which includes parts of Simcoe County, York Region and northern Toronto, is implementing the ministry's strategy to reduce surgery wait times through the development of more efficient intake processes and improved management of waiting lists for priority procedures, including hip and knee surgeries.

"This is speeding up access to care for everybody and this is an exciting partnership for us with the LHINs," Hayward said. "We've given resources to the LHINs to support local solutions to achieve this objective. The LHINs in turn are creating partnerships with their service providers to deliver reduced waiting times for surgeries."

The LHIN Liaison Branch has

quickly adopted the cross-functional-team approach that is a core part of stewardship. The branch works in a cross-functional manner with the wait-time strategy team, a project group residing within Health System Accountability and Performance; with the Financial Management Branch, Corporate and Direct Services, on funding for LHINs; with the Health Program Policy and Standards Branch, Health Systems Strategy, on the launch of the aging at home strategy; and with the Strategic Investment Planning Branch, Health System Investment and Funding, on joint efforts to implement portfolio management and the LHINs input into the Results-based Plan for fiscal 2008-2009.

LHIN Liaison Branch embodies stewardship

With the establishment of LHINs and the launch of the ministry's transition to stewardship, Hayward said that many of the former ways of working as well as the business objectives that employees were familiar with have now changed. "For the LHIN Liaison Branch, right now everything we do is new," she said.

"Transition presents a wonderful opportunity for us to shape the way we will do our jobs in the future. So my message to ministry employees is that they continue to work with colleagues and managers to develop the new processes and protocols that will help us move forward to stewardship and system transformation." ■

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Primary Health Care Renewal team pilots portfolio management approach

The Primary Health Care Renewal (PHCR) portfolio team has been charting a new course since it was set up as the ministry's pioneer example of portfolio management in action.

"The team faced the challenge of finding our way in yet uncharted territory while at the same time embracing the concept of cross-functional teams as well as ensuring a strategic focus," said Marsha Barnes, executive lead of Primary Health Care and Family Health Teams and the PHCR portfolio lead.

The pilot portfolio team's mandate is to examine primary health care from a broad and comprehensive perspective and make investment recommendations that support evidence-based decisions within the health system.

The PHCR team was established as a testing ground and a model for the ministry's new portfolio management approach. Portfolio management organizes the MOHLTC's health system investments into broad groupings that reach across ministry programs and even divisions to allow resource decisions to be both strategic and have a lasting impact on health outcomes, Deputy Minister Ron Sapsford has said.

"The broad questions we have been working on answering are, where do we want primary health care to go in the future, how do we build on the existing foundation and what does the evidence and experience tell us about the best way to get there?" Barnes said.

The former Health Results Teams for Primary Health Care and Information Management laid the groundwork more than a year ago to deliver on the government's commitment to establish Family Health Teams by: helping to develop a primary health care renewal strategy, utilizing a structured project orientation, and designing a scorecard to measure performance and outcomes in this area.

"We started with what existed from

policy and strategy approvals. We looked at and revalidated the primary health care goals, assessed how much we had achieved, and brainstormed around new/updated objectives. We are looking at making sure that the proposed investments will be those most likely to achieve the transformation needed," Barnes said.

"Establishing and finding our way through the initial stages of the PHCR portfolio has been a learning experience for all of us," she said, about the process of leading the ministry's first portfolio team.

Fourteen key managers sit around the PHCR portfolio table. Barnes' team includes individuals with expertise in primary health care, family health teams as well as individuals from other program areas that impact the objectives of PHCR, including health human resources and public health.

A key challenge of learning how to work on the cross-functional portfolio team was coming to understand that the process was different than sitting on a committee.

"The PHCR portfolio serves as an example to assist in understanding how portfolio teams will be put together and how they will function," said Tai Huynh of the Strategic Alignment Branch, which supported the creation of the PHCR portfolio team.

"Portfolio team members are supported by staff from their individual units and branches across the ministry, who conduct the work necessary to feed the information needs of the portfolio team," he said.

A key challenge of learning how to work on the cross-functional portfolio team was coming to understand that the process was different than sitting on a committee, Barnes said. "Everyone at the portfolio management table may not

be directly involved in a specific piece of the work, but you are still responsible for contributing and delivering on the whole," she said.

"You have a different role in a portfolio team. Fundamentally it is about working together and trusting others to do their part. It requires realizing that in the new structure no one individual can be successful without the support and assistance of the team."

According to Barnes, her challenge was finding the right balance between leading/providing direction as the chair and encouraging the team to take ownership of the process and product.

Adalsteinn Brown, Assistant Deputy Minister, Health System Strategy, applauded Barnes for being the first out of the gate in leading a portfolio management team. "I'm thrilled that Marsha stood up and took on the difficult task of piloting this. It's a nice example of stewardship," Brown said.

Barnes has some advice for the ministry's other portfolio management teams which are forming. "Appreciate the fact that we're breaking new ground. We don't have all the answers and we can't expect perfection from the process or team members. Getting it right is going to take time and we'll work through it along the way."

"Our current work is exciting and undoubtedly will improve the advice we give to MMC (Ministry Management Committee). But the most benefit will come when we are able to look across sectors, across strategies and recommend joint initiatives that will improve the health system," she said. ■

Editor's note: Read the Aug. 31 issue of *NEW Directions* for a comprehensive overview of the ministry's new portfolio management approach and a list of new portfolio leads. [Click](#) here to read the issue.



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2	Cristina Perez	Director, Strategic Investment Planning, Health System Investment and Funding	Advises on investment planning
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5	Jill Barber	Senior Program Consultant, Community Health Centres, Health System Accountability and Performance	Advises on primary services provided through community health centres
6	Monika Turner	Director, Public Health Standards, Public Health	Advises on issues linking primary health care and public health
7	Sophia Ikura-MacMillan	Manager, Nursing Secretariat, Health Human Resources	Advises on health human resources and nursing issues
8	Christina Hoy	Director, Health Data, Health System Information Management	Advises on the use of health data
9	Dr. Garry Salisbury	Manager, Physician Payment Schedule, Health System Accountability and Performance	Advises on physician payment schedule issues
10	Amar Singh	Manager (A), Performance Management and Economic Modeling, PHC and FHT, Health System Accountability and Performance	Advises on how to use performance information related to PHC and FHTs
11	Ray Hunt	Director, Family Health Teams, PHC and FHT, Health System Accountability and Performance	Advises on Family Health Team issues
12	Mary Fleming	Director, Primary Health Care, PHC and FHT, Health System Accountability and Performance	Advises on the primary health care program
13	Susan Sue-Chan	Director, Finance, Accountability and Project Management, PHC and FHT, Health System Accountability and Performance	Advises on PHC and FHT finance and accountability issues
14	Portfolio Management Resource Group (PMRG)	Cross divisional group comprising staff from the Health System Strategy, Health System Investment and Funding and Corporate and Direct Services	Provides guidance and support on process, approach and procedures related to portfolio management

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